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EL 997387426 US

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August 9, 2004

Date of Deposit

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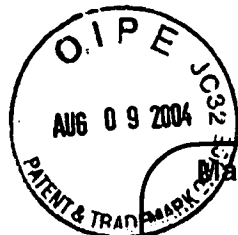
*Michael W. Haas*

Signature of person mailing correspondence

Michael W. Haas

Typed or printed name of person mailing correspondence

Note: Each paper must have its own certificate of mailing by "Express Mail".



Mail Stop RCE

**TRANSMITTAL  
FORM**

(To be used for all correspondence after initial filing)

<b>Application Number</b>	09/924,869		
	<b>Filing Date</b>	August 8, 2001	
	<b>Confirmation Number</b>	2885	
	<b>Inventor(s)</b>	SCARBERRY	
<b>Group Art Unit</b>	3764		
<b>Express Mail Label No.: EL 997387426 US</b>	<b>Examiner</b>	Pham, H.	
<b>Total Number of Pages in This Submission:</b>	7	<b>Attorney Docket No.</b>	99-31

**ENCLOSURES** (check all that apply)

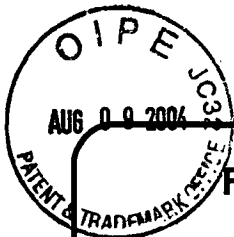
<input checked="" type="checkbox"/> Fee Transmittal Form (submit in duplicate) <input type="checkbox"/> Fee Attached \$ <input type="text"/> Check No.: <input type="text"/> <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits / Declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Cited References <input type="checkbox"/> Search report <input type="checkbox"/> Drawing(s): Number of Pages _____ Number of Figs. _____ and cover sheet <input type="checkbox"/> Formal <input type="checkbox"/> Informal	<input type="checkbox"/> Assignment Papers <input type="checkbox"/> Cover Sheet <input type="checkbox"/> Drawing Change Authorization Request and Amended Figure(s) <input type="checkbox"/> Request for Return of PTO-1449 Forms <input type="checkbox"/> Petition to the Commissioner <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Address <input type="checkbox"/> Terminal Disclaimer(s) <input type="checkbox"/> Certified Copy of Priority Document(s) <input checked="" type="checkbox"/> Certificate of Mailing by Express Mail	<input type="checkbox"/> Issue fee Transmittal Form PTOL-85(b) + (c) and Cover Sheet <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input checked="" type="checkbox"/> Request for Continued Examination (RCE) <input type="checkbox"/> Status Request Letter <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund <input type="checkbox"/> Response to Missing Parts / Incomplete Application
<input type="checkbox"/> Other Enclosure(s): _____		

**Current Due Date:** August 9, 2004 (two months extended)**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Individual and Company	Michael W. Haas, Reg. No. 35,174 RESPIRONICS, Inc., 1010 Murry Ridge Lane, Murrysville PA, 15668
Signature	<i>Michael W. Haas</i>
Date	August 9, 2004

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence and all enclosures are being deposited with the United States Postal Service with sufficient postage as "Express Mail Post Office to Addressee" in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: <u>August 9, 2004</u> , Express Mail Label No. <u>EL 997387426 US</u> .			
Typed Name	Michael W. Haas, Reg. No. 35,174		
Signature	<i>Michael W. Haas</i>	Date	August 9, 2004

**FEE TRANSMITTAL**

(Effective 10/01/2003)

"Express Mail" Label No. EL 997387426 US

**TOTAL AMOUNT OF PAYMENT** \$ 1,190.00

Application Number 09/924,869

Filing Date August 8, 2001

First Named Inventor SCARBERRY

Confirmation Number 2885

Group Art Unit 3764

Examiner's Name Pham, H.

Attorney Docket No. 99-31

METHOD OF PAYMENT		FEE CALCULATION (continued)	
<b>1.</b> <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account Number <b>50-0558</b> Deposit Account Name <b>Respironics, Inc.</b> <input checked="" type="checkbox"/> Charge any additional fee required under 37 C.F.R. §§ 1.16, 1.17 and 1.20 <input type="checkbox"/> Charge the Issue Fee set forth in 37 C.F.R. § 1.18		<b>3. ADDITIONAL FEES</b>	
<b>2.</b> <input type="checkbox"/> Payment Enclosed: Check (Check No. _____)			
<b>FEE CALCULATION (fees effective 10/01/2003)</b>			
<b>1. FILING FEE</b>			
Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid
1001 770	2001 385	Utility filing fee	
1002 340	2002 170	Design filing fee	
1003 530	2003 265	Plant filing fee	
1004 770	2004 385	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	
<b>SUBTOTAL (1)</b>			<b>\$ 0.00</b>
<b>2. CLAIMS</b>			
Total Claims	Extra Claims	Fee from Below	Fee Paid
_____	_____ x	18 =	
Ind. Claims	_____ x	86 =	
Multiple Dependent Claims add		290 =	
* Enter Highest Number Previous Paid For _____			
Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	
1202 18	2202 9	Claims in excess of 20	
1201 86	2201 43	Independent claims in excess of 3	
1203 290	2203 145	Multiple dependent claim	
1204 86	2204 43	Reissue independent claims over original patent	
1205 18	2205 9	Reissue claims in excess of 20 and over original patent	
<b>SUBTOTAL (2)</b>			<b>\$ 0.00</b>
		<b>SUBTOTAL (3)</b>	
		<b>\$ 1,190.00</b>	

SUBMITTED BY			
Typed or Printed Name	Michael W. Haas	Reg. Number	35,174
Signature	<i>Michael W. Haas</i>	Date	August 9, 2004
		Deposit Account Number	50-0558